1	13821
	SOARD OF HEALTH TAL STATISTICS State File No.
	IFICATE OF BIRTH Registered No.
County Vila	State aigon
District or Township	or Village
7	Ward urred in a hospital or institution, give its NAME instead of street and number) (If child is not yet named, make supplemental report, as directed.
2. Full name of Child	
3. Ser of Child To be answered ONLY in event of plural births. 5. No., in order of birth	of birth
8. FATHER Full name Victor Bustamonte	14. MOTHER Full maiden name Petra Zuintera
9. Residence (Usual place of abode) Manni , Augone	15. Residence (Usual place of abode) Mann , Angone If non-resident, give place and state.
If non-resident, give place and state.	
10. Color or race Marian 11. Age at last birthday 26 (Years)	16. Color or race Welt i Car 17. Age at last birthday (Years)
12. Birthplace (city or place). metcass	18. Birthplace (city or place)
(State or country) Augora	(State or country) Medics
13. Occupation Miner	19. Occupation Nature of industry
Nature of industry (Life	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive to (b) Born alive to (c) Stillborn.	and now living O 21. Were precautions taken against ophour now dead O 21. Were precautions taken against ophour now dead O 21.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I hereby certify that I attended the birth of this child, who was (Born slive or stillborn)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	J. J. Muller
Given name added from	Miami, Jun
a supplemental report Month, day, year Flied Koy 20, 1959 62. Registrar	
* 6 ms fetus 625) -) (- 18)